

Book Note

New Ideas in Therapy? A Review of *New Ideas in Therapy:* *Introduction to an Interdisciplinary Approach* Edited by Ruben and Delprato

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In recent years, there has been a growing movement among clinicians of a radical behavioristic persuasion to expand the scope of our field and to turn attention to the issues facing clinicians working with more typical clinical problems in more typical clinical settings. The movement stems, in part, from the inadequacy of existing traditional as well as behavioral approaches (Dougher, 1984, 1986; Hayes, 1987). Behavior therapy, with its myriad techniques and scientific orthodoxy, is a direct outgrowth of mainstream psychology or methodological behaviorism. As such, it is mentalistic, simplistic, dualistic and positivistic. Applied behavior analysis, while more epistemologically appealing, has tended to be quite narrow in its focus and has neglected the broader context of important behavioral variables. For these reasons, it is with some measure of enthusiasm that I reviewed Ruben and Delprato's *New Ideas in Therapy*.

The purpose of the book is straightforward: to articulate the value of Kantor's interbehavioral psychology for clinical work. The argument is that new ideas in clinical psychology are rare, and this is due primarily to the inadequacy of the underlying conceptual framework upon which most clinical approaches and interventions are based. The book argues that clinical psychology should adopt an integrated field or systems framework which emphasizes multiple causality and

the complexity of behavior and which calls for an interdisciplinary approach to clinical problems. The authors suggest that the most promising way to do this is to adopt Kantor's paradigm.

The book is arranged into two sections. Section 1, "Foundations of the New Therapy," is an attempt to delineate the basic assumptions and premises of interbehaviorism and to demonstrate its clinical relevance. The first chapter is by Kantor himself and is the last work completed before his death. It is a very brief introduction to interbehaviorism and a rationale for its application to clinical issues. Chapter 2, by N. H. Pronko contrasts existing paradigms in psychology (self-action, interaction, and transaction) and makes a case for adopting a transactional (interbehavioral) framework. The final chapter in Section 1 is by Paul Fuller who gives an informal account of the impact of interbehaviorism on his work as a teacher, management consultant, and clinician.

Section 2, entitled "Methods," includes 10 chapters which describe the application of the interbehavioral approach to a variety of clinical problems. Most of the chapters in this section follow the same general format. The authors begin with a brief review of the literature most pertinent to the area under discussion, cite its shortcomings, and offer an interbehavioral alternative.

In the first chapter of this section (Chapter 4), Lundin outlines Kantor's approach to psychopathology and clinical diagnosis. In the next chapter (5), Wahler and Hahn lay out an interbehavioral framework for child clinical psy-

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chology. In Chapter 6, McGlynn, Cook and Greenbaum describe an interbehavioral conceptualization of health psychology and behavioral medicine. Chapter 7 by Stephenson is somewhat different from the rest of the chapters in that a Q methodology is described which is ostensibly related to Kantor's interbehaviorism. Ruben and Ruben outline an interbehavioral approach to assertiveness training in Chapter 8, which is followed by Stevenson and Hemingway's description of an interdisciplinary approach to the treatment of obesity. In Chapter 10, Morris, Johnson, Powell, and Todd provide an interbehavioral perspective on crime and delinquency. The advantages of an interbehaviorally driven parent training program for families of developmentally handicapped children are described by Daurelle, Fox, McClean, and Kaiser in Chapter 11. In the next chapter, Scafasci contrasts traditional approaches to community based services for retarded persons with those prescribed by an interbehavioral perspective. In Chapter 13, Cone applies an interbehavioral analysis to the question of whether the chronically mentally disabled (schizophrenics) are better served by small, community based group homes or large hospital settings. In the final chapter, the editors of the book, Ruben and Delprato, reiterate the need for a field systems perspective for psychology in general and for clinical work in particular. In this regard, they emphasize the need for psychologists to expand their conceptual perspectives in order to allow for such critical issues as multiple causality and the importance of historical, demographic, economic and sociological variables in the analysis of behavior.

Section 1 only partly succeeds in accomplishing its goals. Kantor's chapter (which originally was intended to serve as the Preface) is very short and quite rudimentary. His position reflects a radical departure from mainstream psychology and, given the brevity of the chapter, the reader unfamiliar with interbehaviorism is not likely to get anything more than a general feel for the position, if that. The other two chapters

are not much help in this regard. While Pronko's contrasting of paradigms is both interesting and useful, one is left wondering how interbehaviorism is different from radical behaviorism or even behavior analysis. Fuller's chapter makes for enjoyable reading, but I was still puzzled about the purported advantages of the interbehavioral approach. His clinical and administrative examples seemed to be quite in line with what any good behavior therapist or analyst would do. The value of these chapters is that they encourage clinicians to take a contextualistic and naturalistic view of behavior and to consider important variables beyond the basic 3-term contingency.

Section 2 contains several chapters that are quite good. In particular the chapters by Wahler and Hahn, McGlynn, Cook, and Greenbaum, Ruben and Ruben, Stevenson and Hemingway, and Morris, Johnson, Powell and Todd are both interesting and useful. Perhaps more than any others, these chapters achieve the goals of the book by demonstrating how the Kantorian perspective has actually led to some new and innovative approaches to the problems they address. Particularly impressive in this regard is the work by Wahler et al. with children and families and that of Stevenson and Hemingway with obesity.

Section 2 also contains some chapters that were disappointing. Stephenson's chapter on Q Methodology was very difficult to understand without having read most of the author's previous work, and its relevance to interbehaviorism and clinical work in general is difficult to discern. Lundin's chapter on Kantor's system of psychiatric classification is also disappointing. While it is clear that contextually driven classification systems are preferable to topographically driven taxonomies, Kantor's system, as it is presented in this chapter, is not without its problems; a major one is reliability. Terms such as unadaptable and self-distressing are not well defined and the classification categories themselves are confusing. For example, it was unclear to me whether a schizophrenic would be classified in Kantor's system as an unadapt-

able personality, a defective personality or a disintegrating personality. Moreover, much of the talk about the etiologies of the disorders is purely speculative and out of touch with contemporary research in psychopathology.

In sum, it is fair to say that the book lives up to the promise of its title. New ideas in therapy are, in fact, presented and some of them appear to be quite innovative and useful. One could argue, however, about the necessity of adopting an interbehavioral orientation in order to appreciate the need for an expanded view of human behavior. This is especially true in the light of recent developments in the behavior analytic literature, such as Sidman's work with conditional stimuli and stimulus equivalence (Sidman, 1986; Sidman and Tailby, 1982), Michael's (1982) delineation of the establishing operation, Schwartz and Goldiamond's (1975) expansion of the operant paradigm, Hayes' (1987) contextualistic approach to therapy and Glenn's (1986) analysis of the effects of cultural contingencies on behavior. Nevertheless,

it is clear that the interbehavioral paradigm has led to the development of some new and very useful ideas in therapy.

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